

Facility Based CLEC Activation Requirements

Section VIII

Issuing Orders



Field Name	Description	Notes
Delivery Name	Identifies the name of the end user for directory deliveries.	Conditional Required when the DELIVERY ADDRESS field is populated.
Delivery Address	Identifies the directory delivery address for the end user.	Conditional Required if the delivery address is different from the end user address indicated in the Stand Alone section on this form or on the END USER FORM.
Annual Qty (White/Yellow)	<p>White / Yellow Page Delivery <i>The end user will receive both white and yellow page directories annually.</i> Identifies the quantity of local white and yellow page directories to be delivered on an annual delivery basis.</p> <p>Residential end users are entitled to one to three (1-3) local directories per residence. Quantity will default to one, unless indicated. Business end users are entitled to one (1) directory per access line. Quantity will default to one (1) directory per access line, unless indicated.</p>	Optional
Interim Qty	Identifies an end user request for additional or replacement local directories at the time of the Local Service Request. If no number is shown, the end user will not receive additional directories at the conversion of service. However, the end user will be placed on the normal annual delivery schedule.	Optional

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Field Name	Description	Usage
Advance Listing to Directory (AVL)	If the end user service will be effective after Business Office Close (BOC— relating to the publisher's closing of directory books) but they have an urgent need to appear in the directory, indicate here. There is a limited window (a few days) after BOC when listings can be "advanced" to the book.	Optional
Correct Listing	Indicate if this request is to correct a listing.	Optional
Ref Num— Reference Number	Identifies the first listing as a unique number and each additional listing segment as a unique number	Conditional Required when ACT field on the DLR is populated.
ACT— Activity	Identifies the activity involved for the listing.	Optional VALID ENTRIES: A = New Listing and/or Account D = Delete Listing When changing an existing CLEC listing, both "A" and "D" activity entries are required
Listing Order	Used to show the desired sequence for a caption listing. An alpha character represents the first (main) listing, i.e., 'A' is the first listing an end user wants. Numbers refer to the sequence of the listings to follow the main listing.	Optional

EXAMPLE:

A	Smith Hardware Stores, Inc.
A1	Branch Stores

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Field Name	Description	Notes
Caption Indent Level	Indicates the amount of indention for a caption listing.	Conditional Required if entry is in the LISTING ORDER FIELD VALID ENTRIES: 0 = Left Hand Justification (No Indent) 1 = 1 Level of Indent (1 Space to the Right) 2 = 2 Levels of Indent (2 Spaces to the Right) 3 = 3 Levels of Indent (3 Spaces to the Right)

Field Name	Value	Description
A	0	Smith Hardware Stores, Inc.
A1	1	Branch Stores
A2	2	1416 Main Street.....111-1111
A3	2	182 Broxton Dr.....222-2222
A4	1	Billing.....333-3333
A5	1	Home Delivery.....444-4444

Field Name	Description	Notes
Telephone Number	Identifies the telephone number for the listing request. List the end user numbers, as appropriate, to associate them with the correct lines on the end user listing.	Conditional— when ACT field on DLR is populated

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Field Name	Description	Notes
Listing Type	Identifies the type of listing requested. The designation may be different for different numbers in the caption listing.	Conditional — when ACT field on DLR is populated

LISTING TYPE CODES

Code	Description
LN	Listed — The Listed name is in the printed directory and in directory assistance operator records. One listing is provided without charge for each non-hunting access line telephone number.
NL	Non-Listed — The listing does not appear in the printed directory but is available through directory assistance.
NP	Non-Published — The listing is not in the printed directory and is not available through directory assistance.
AML	Additional Main Listing — Customers are entitled to a free listing for each basic local exchange line. Only valid in GA, FL, NC, AND SC.
AML1	Additional Main Listing 1 — A free listing available to subscribers of RingMaster service. USOC DRS1X
AML 2	Additional Main Listing 2 — A free listing available to subscribers of RingMaster II service. USOC DRS2X
AL	Additional Listing — This listing provides telephone numbers under other corporations, firms, or personal names. Only valid in GA, FL, NC, and SC.
XL	Additional Listing — This listing provides telephone numbers under other corporations, firms, or personal names. Only valid in AL, KY, LA, MS, AND TN.
AC	Alternate Call Listing — A listing with descriptive text providing a number to receive calls when the primary number does not answer or during specific time periods.
ASL	Answering Service Listing — A listing for clients of Telephone Answering Service Providers (TAS).
CR	Cross Reference Listing — A listing that refers directory users from one listing to another (i.e., from one name to another name or from one listing to another listing alphabetized differently in the directory.)
CML	Client Main Listing — A listing that identifies an end user of a shared tenant provider in those states where available.
DB	*Designer Bold — Name, address, and telephone number appear in bold type.
DBP	*Designer Bold Plus — Name, address, and telephone number appear in bold type plus ruled lines above and below listing.
DS	*Designer Script — Name, address, and telephone number appear in cursive (script) type.
DSP	*Designer Script Plus — Name, address, and telephone number appear in cursive (script) type plus ruled lines above and below listing.

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Code	Description
DL	*Designer Extra Line Standard— Allows information to help identify the end user listing or simply to express themselves in standard type
DLB	*Designer Extra Line Bold— Allows information to help identify the end user listing or simply to express themselves in bold type
DLS	*Designer Extra Line Script— Allows information to help identify the end user listing or simply to express themselves in cursive (script) type
FL	Foreign Listing— This listing provides for customers who request to be listed in directories of calling areas other than their own. Requires an entry in the Foreign/Secondary Directory Name field.
FL	Foreign Listing (free)— Free foreign listings for subscribers within certain exchange border areas of the same local calling area. Available when a foreign listing is needed for better identification in order to facilitate the completion of calls.
FAC	Foreign Alternate Call— An Alternate Call Listing in a foreign directory.**
FCR	Foreign Cross Reference— A Cross Reference Listing in a foreign directory.**
FSPL	Foreign Special Listing— A Special Text Listing in a foreign directory.
SPL	Special Text Directory Listing— Listings with phrases providing narrative description and dialing information or instructions (i.e., directing incoming calls after hours and during specific time periods.) (SPL listings must always be indented.)

*See "Designer Listings" on the following page for additional information

** Requires an entry in the foreign/secondary name field.

Note 1: One Listing Type code is used per listing.

Note 2: When a designer listing is used, other Listing Type codes such as LN, AL, AML, and AC are not used.

Note 3: DB, DBP, DS, DSP, DL, DLB, and DLS are ordered individually.

Note 4: FL, FAC, FSPL, and FCR are ordered individually.

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Field Name	Description	Usage
Designer Listings	Residential end users may order directory designer listings as shown below. Designer listings are not available for business listings. Designer listings can only be selected when this form is being used to submit a residential listing request.	Conditional—when ACT field on DLR is populated

Font Style	Example
BOLD : Name, Address & Telephone Number appear in bold type.	Johnson Anthony 437 Acres Dr.....555-0699
BOLD PLUS : Name, Address & Telephone Number appear in bold type plus ruled lines above and below the Listing.	Johnson Anthony 437 Acres Dr.....555-0699
<i>Script</i> : Name, Address & Telephone Number appear in cursive (script) type.	<i>Johnston Belinda</i> <i>123 Affinity Dr.....555-3906</i>
<i>Script Plus</i> : Name, Address & Telephone Number appear in cursive (script) type plus ruled lines above and below the Listing.	<i>Johnston Belinda</i> <i>123 Affinity Dr.....555-3906</i>
Extra Line : Allows information to help identify the End User's Listing or simply to provide expression in standard type.	Johnston Gary Freelance Photographer 4216 Marais.....555-6529
BOLD Extra Line : Allows information to help identify the End User's Listing or simply to provide expression in bold Type.	Averson Jamie & Joan Square Dancers Owner of J & J Antiques 54 Oak Av.555-9974
<i>Script Extra Line</i> : Allows information to help identify the End User's Listing or simply to provide expression in cursive (script) type.	<i>Davis William M</i> <i>Owner of Davis Contractors</i> <i>399 Ivy Rd 30233....555-1174</i>

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Field Name	Description	Notes
Listed Name	Residential end users may order directory designer listings as shown below. Designer listings are not available for business listings. Designer listings can only be selected when this form is being used to submit a residential listing request.	Conditional—when ACT field on DLR is populated

LISTED NAME INSTRUCTION CODES

Code	Description	Comments
(OCLS)	Omit from Customer Lists	Used to omit the listing from list product extraction. Format in front of listed name. <i>Ex: (OCLS) Jones Mary</i>
(PLA)	Position Listing As	Used to position listings in the directory contrary to normal placement rules. Populate behind the listed name. <i>Ex: 9 Lives (PLA) Nine Lives</i>

Field Name	Description	Notes
Listed Address	Use this field to enter the listed address if the end user desires a listing different from that provided in the End User Address field of this form.	Optional

LISTED ADDRESS INSTRUCTION CODE

Code	Description	Comments
(OAD)	Omit Address	Used in the address field to omit addresses from the listing. Populate in lieu of listed address. <i>Ex: (OAD)</i>

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Field Name	Description	Notes
Yellow Page Heading Code (YPH)	Identifies the Yellow Page heading for the business listing. For business lines, one listing in the Yellow Pages is available at no charge for each end user account. The listing may be placed in the Yellow Pages under an approved heading that is appropriate for the business (i.e., Restaurants, Beauty Salons, etc.). Requests for business listings under more than one heading are considered directory advertising, and must be negotiated by the end user with a BellSouth Advertising and Publishing (BAPCO) Sales Representative. A Yellow Page Heading Code consists of seven (7) alphanumeric characters. A complete list of Yellow Page Heading Codes can be requested from BAPCO. (See Directory Section of this guide.)	Conditional Required when— LISTING TYPE is LN, NL, NP, CML, AML or ASL, and the first digit of TOS field on the LSR form is 1 or 3 OR the TYPE of SERVICE field on the DLR is BUSINESS or GOVERNMENT.
SIC—Standard Industry Code	The SIC (Standard Industry Code) should be provided. A SIC code is a four (4) character numeric code. These codes are associated with specific Yellow Page Heading Codes and are provided by BAPCO. A SIC manual is also published by the United States Office of Management and Budget and may be purchased through NTIS— National Technical Information Service 5285 Port Royal Road Springfield, Virginia 22161 1.703.487.4650	Conditional. Required when the YPH field is populated and the listing type is LN, NL, or NP
Foreign/Secondary Directory Name	The listing will be entered in the appropriate directory based on the main account telephone number. If the end user desires the listing to appear in additional directories (or a different directory), enter the community name for the directory. There is a charge for foreign listings. The name of the directory should be shown preceded by (F) for Foreign or (S) for Secondary. EXAMPLE: (F) Nashville, TN (S) Franklin, TN	

DIRECTORY LISTING REQUEST FORM (DLR) REQUIRED FIELDS **(New and Switch-With-Changes Service Requests)**

FIELD NAME	DESCRIPTION
PON	Purchase Order Number— 16 alphanumeric characters. Identifies the customer's unique number that authorizes the issuance of a service request or supplement.
VER	Version Identification— 2 numeric characters. Identifies the customer's version number. Any re-issuance (supplement) can use this entry to uniquely identify the form from any other version.
AN*	Account Number— 20 alphanumeric characters. Identifies the main account number assigned by the new service provider.
ATN*	Account Telephone Number— 12 alphanumeric characters. Identifies the account telephone number assigned by the new service provider.
PAGE__OF__	Page__of__— 4 numeric characters. Identifies the page number and total number of pages contained in a service request.
DATE**	Date— Identifies the date the request is submitted.
CLEC NAME**	CLEC Name— Identifies the Competitive Local Exchange Carrier name.
TELEPHONE NUMBER**	Telephone Number— Identifies the CLEC telephone number.
FAX #**	Facsimile Telephone Number— Identifies the CLEC FAX number.
INITIATOR IDENTIFICATION**	Initiator Identification— Identifies the telephone number of the initiator.
BILLING ACCOUNT NUMBER**	Billing Account Number— Identifies the billing account to which the recurring and non-recurring charges for the request will be billed.
TYPE OF SERVICE**	Type of Service— Identifies the end user's account as business, residence, or government. Select the appropriate block.
DESIRED LISTING DUE DATE**	Desired Listing Due Date— Identifies the end user's desired due date for the listing.
END USER NAME**	End User Name— Identifies the name of the end user. The name in this field is not intended to be used for Directory Services.
END USER ADDRESS**	End User Address— Identifies the street address of the end user location.
END USER ACCOUNT NUMBER**	End User Account Number— Identifies the end user existing account number or existing account telephone number.
DELIVERY NAME	Delivery Name— Identifies the name of the end user for directory deliveries. Required when the Delivery Address field is populated.
DELIVERY ADDRESS	Delivery Address— Identifies the directory delivery address for the end user. Required only if the delivery address is different from the end user address in the Stand Alone Form or End User Form.
WHITE/YELLOW PAGE DELIVERY	White/Yellow Page Delivery— The end user will automatically receive both white and yellow page directories.
ANNUAL QTY*	Annual Quantity (White/Yellow Pages)— Identifies the quantity of local white and yellow page directories to be delivered on an annual delivery basis.
INTERIM QTY*	Interim Quantity— Identifies an end user request for additional or replacement local directories at the time of the Local Service Request (LSR).

DIRECTORY LISTING REQUEST FORM (DLR) REQUIRED FIELDS (New and Switch-With-Changes Service Requests)

AVL	Advance Listing to Directory — Check this box if the end user service will be effective after Business Office Close (publisher's closing of directory books) but have an urgent need to appear in the directory. There is a limited window (a few days) after close when listings can be "advanced" to the book.
CORRECT LISTING	Correct Listing — Indicate if this service request is to correct a listing.
REF NUM	Reference Number — Identifies the first listing as a unique number and each additional listing segment as a unique number. Must be unique at the Purchase Order Number level.
ACT*	Activity — Identifies the activity involved for the listing.
LISTING ORDER*	Listing Order — Shows the desired sequence for a caption listing.
CAPTION INDENT LEVEL*	Caption Indent Level — Indicates the amount of indention for a caption listing.
TELEPHONE NUMBER*	Telephone Number — Identifies the telephone number for the listing request.
LISTING TYPE*	Listing Type — Identifies the type of listing requested. The designation may be different for different numbers in the caption listing.
LISTED NAME*	Listed Name — Shows the listing EXACTLY as the end user desires for it to appear in the directory.
LISTED ADDRESS*	Listed Address — indicates listed address to be used if different from the listed address shown in the "End User Address" section of this form.
YELLOW PAGE HEADING CODE*	Yellow Page Heading Code — Identifies the Yellow Page heading for the business listing.
SIC*	Standard Industry Code — 4 numeric characters. Identifies the standard industry code associated with a specific Yellow Page Heading.
FOREIGN/SECONDARY NAME*	Foreign/Secondary Directory Name — Identifies listings the end user desires to appear in additional or different directories. There is a charge for foreign listings.

*See "BellSouth Ordering Guide for CLECs" for valid character entries—

http://www.bellsouth.com/interconnection/guides/order_gd/index.htm

**The "Stand Alone Request Section" fields should only be completed when an end user is an existing CLEC end user and only directory Listing changes are requested.

Facility Based CLEC Activation Requirements**Section VIII****Issuing Orders****"Directory Listing" Form**

Effective February 1st, 1998, all service requests must be submitted on the OBF Version 2 Ordering Forms with the exception of Directory Listings. BellSouth has NOT adopted the OBF Directory Forms.

In the interim, BellSouth has developed a local form that is to be used for any Directory requests.



The "Directory Listing Request" form is on the web at—

http://www.bellsouth.com/interconnection/guides/order_gd/glsor002.154.gif

A blank form can be found in "Appendix E."

Within this document (the "Facility Based CLEC Activation Requirements"), fields on the Directory Listing Form have been identified and defined for order requests submitted to BellSouth.

Facility Based CLEC Activation Requirements

Section IX

Resources/ Contact Information

INTERCONNECTION SERVICES HOME PAGE

All contact information included in the "Resources/Contact Information" section can also be found on BellSouth Interconnection Services web site— in addition, the web site features a handy and easy to use e-mail option. An abundance of other information is also available on the BellSouth Interconnection Services home page— these resources are available to assist the CLEC in becoming a successful Competitive Local Exchange Carrier. Access a Web browser, and type:

<http://www.bellsouth.com/interconnection>

Refer to the menu at the top left of the page to begin a search for:

Click on "Our Markets", then click on "Local Exchange Carriers (LEC)."

From the list of guides available, click on "Customer Guides."

- For Ordering Information, click on "BellSouth Ordering Guide for CLECs"
- For USOCs, click on "CLEC USOC Manual"
- For TAFI, click on "CLEC TAFI End-User Training Guide"
- For LENS, click on "Local Exchange Navigation System (LENS) User Guide"

Click on "News and Events," then click on "Customer Letters/Announcements."

Then, select the letter(s) of interest.

(RECOMMENDATION: CHECK this location WEEKLY.)

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Click on "Carrier Notification," then click on "Carrier Network Notification Letters— 1997 or 1998."

Next, click on the "Notice" number desired.

Click on "Products and Services," then click on "Tariff Site."

Next, select the State desired, and click on it. (Use "Search the Tariff Pages" for a specific item.)

Then, select the Tariff or Package of interest, and click on it—

- General Subscriber Services Tariff (GSST)
- Private Line Services Tariff
- Access Services Tariff
- Approved Filing Packages (includes Promotions)
- Pending Filing Packages

Click on "Network Information," then click on "Carrier Network Notifications."

Then, click on "Tariff Notifications."

Next, click on the State desired.

Then, click on the subject of interest.

Click on "Products and Services," then click on "Technical References."

Select from the list of technical references available.

Example: Messaging Service Reseller Information Package (BellSouth® MemoryCall® Service)

At the top right corner of the page, click on "Search."

Enter a "keyword" to search for information of interest.

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**Resources/
Contact
Information****PRE-SALE QUALITY TEAM (PQT)**

The Pre-sale Quality Team (PQT) is the initial point of contact at BellSouth for new CLECs. For general questions concerning becoming a CLEC in the BellSouth region, contact the Pre-sale Quality Team at 888.560.CLEC [888.560.2532]. The PQT will assist CLECs throughout the steps described in this manual.

Alternate contact information—

<http://www.bellsouth.com/interconnection/contact/contact.htm>

INTERCONNECTION SERVICES TRAINING

The "Training" section of this manual includes information to get the CLEC started.

It is recommended that ALL CLEC's attend the "CLEC Basic" class offering before placing orders for service.

Other training classes cover more detailed topics and are particularly suited for specific CLEC services.

To contact BellSouth Interconnection Services training department please call 888.404.9899.

Alternate contact information—

<http://www.bellsouth.com/interconnection/training/clec/announce.htm>

Facility Based CLEC Activation Requirements**Section IX****Resources/
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Information****BAPCO CONTACT AND CUSTOMER GUIDE**

The BellSouth Advertising and Publishing Corporation (BAPCO) liaison for all CLEC issues and questions including all BAPCO contracts and directory delivery is—

Rook Baretto
Director— LEC Interface
Room 270
59 Executive Park South
Atlanta, Georgia 30329
Office— 404.982.7105
Fax— 404.982.6907

If the CLEC desires to have its company information included in the Customer Guide Pages for the BellSouth printed directories, it must complete the "Competitive Local Exchange Carrier Information for BellSouth Advertising & Publishing Corp. (BAPCO) Customer Guide Pages" form, found in "Appendix F," and located on the web at—

http://www.bellsouth.com/interconnection/guides/order_gd/glsor002.856.gif

Facility Based CLEC Activation Requirements

Section IX

Resources/ Contact Information

CUSTOMER SUPPORT/MAINTENANCE CENTERS

Any requests for provisioning and installation services outside of the hours listed in the interconnection agreement may be performed subject to the application of extra-ordinary billing charges.

Provisioning

Coverage extends from 8:00 AM – 5 PM local time, Monday – Friday (excluding holidays).

8:00 AM – 5 PM local time, Saturday service is available (excluding holidays) for non-designed, non-coordinated services.

Maintenance

BellSouth offers twenty-four hours per day, seven days per week coverage.

Local Carrier Service Center (LCSC) serves as the point of contact for billing CLECs and processing local service requests from CLECs. The LCSC is responsible for providing the following services for its customers—

- Handling billing inquiries and payment arrangements
- Delivering authorized end user record information
- Processing service order requests

800.773.4967

The Data Customer Support Center offers coverage for Frame Relay and ATM data products— 800.256.6923

The BellSouth Resale Maintenance Center offers coverage for maintenance and repair of resale services— 888.461.0612

Facility Based CLEC Activation Requirements**Section IX****Resources/
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Information****Unbundled Network Element Center (UNEC)**

The Unbundled Network Element Center (UNEC) provisions and maintains Unbundled Network Elements (UNEs) as ordered by CLECs. A CLEC will be assigned to one of two UNECs located within our region.

Any requests for provisioning and installation services outside of the hours listed in the interconnection agreement may be performed subject to the application of extra-ordinary billing charges.

ATLANTA, GA**800.795.0153****Provisioning**

Offers coverage from 8:00 AM – 5 PM local time, Monday – Friday (excluding holidays) for non-coordinated and coordinated orders, and order coordinated – Time Specific orders.

8:00 AM – 5 PM local time, Saturday service is available (excluding holidays) for a limited time for non-coordinated orders.

Maintenance

Offers twenty-four hours per day, seven days per week coverage

BIRMINGHAM, AL**800.811.9079****Provisioning**

Offers coverage from 8:00 AM – 5 PM local time, Monday – Friday (excluding holidays) for non-coordinated and coordinated orders, and order coordinated – Time Specific orders.

8:00 AM – 5 PM local time, Saturday service is available (excluding holidays) for a limited time for non-coordinated orders.

Maintenance

Offers twenty-four hours per day, seven days per week coverage

INTERCONNECTION SERVICES

Customer Credit Data Sheet

CUSTOMER (exact legal name) _____

STREET ADDRESS _____

CITY, STATE _____

CUSTOMER CONTACT (financial contact) _____

Main Telephone Number

Contact Telephone Number

DESCRIPTION OF TYPE OF SERVICE: _____

ESTIMATED MONTHLY SERVICE BY AREA CODE: _____

ESTIMATED MONTHLY TRAFFIC (FOR BILLING SERVICES ONLY): _____

Pay Per Call %: _____

*****COMPLETE ONLY INFORMATION REQUESTED ABOVE*****

CREDIT RATING: _____

RATING: _____

1. NUMBER OF YEARS IN BUSINESS _____

2. PAYMENT HISTORY WITH BELLSOUTH: _____

*YEARS OF SERVICE: _____

*NSF CHECKS: _____

*AVERAGE DELINQUENCIES/YR. _____

3. BANK REFERENCE _____

*LENDING OFFICER NAME/PHONE: _____

*TYPE OF RELATIONSHIP _____

*AVAILABLE LINE: _____

LINE/EST. MO. TRAFFIC: _____

4. TRADE REFERENCES: _____

*VENDOR/CREDITOR NAME/PHONE _____

*AMOUNT/TERMS OF CREDIT EXTENDED _____

*VENDOR/CREDITOR NAME/PHONE _____

*AMOUNT/TERMS OF CREDIT EXTENDED: _____

*VENDOR/CREDITOR NAME/PHONE _____

*AMOUNT/TERMS OF CREDIT EXTENDED _____

5. CONFIRMED REGISTERED WITH SECRETARY
OF STATE AND APPROVED BY PSC _____

6. BUSINESS/LEGAL ISSUES: _____

7. DEBT RATING (S&P) _____

OVERALL RATING _____

CREDIT RATING PERFORMED BY: _____

DATE: _____

Please return to:
LCSC along with
Master Account Application

Submitted by: _____

Telephone Number: _____



Credit Profile

RF 3950
(2/98)

Interconnection Services

Return By Fax To: 404-688-3979

Attention: Interconnection Services Finance

For questions concerning this application call 888-634-4114 or 404-827-1399

Internal Use Only

Credit Score: _____

Please Print And Complete All Information

Type Of Business Applying For:

☐ Local (Resale or Facility Based)☐ Payphone Service Provider☐ Access☐ CMRS

Estimated Monthly Volume \$

Estimated Number Of Area Codes, Trunks or Lines

Company Information

Business Name

Doing Business As (DBA)

Please Check One

☐ Corporation☐ Partnership☐ Sole-Proprietor

Street Address

City

State

Zip

Corporate Office Location (if different from above)

City

State

Zip

(Area Code) Telephone Number

(Area Code) Fax Number

Dun and Bradstreet Number

Tax ID

Other BellSouth Business Accounts

Account Number

Account Number

Account Number

Account Number

☐ Yes☐ No

Officers' Names

President

CFO

CEO

Company History

Year Business Established

Principal Business Of Firm

Years In Current Line Of Business

Business Credit References

Company Name

City

State

(Area Code) Telephone Number

Account Number

Contact Name

Company Name

City

State

(Area Code) Telephone Number

Account Number

Contact Name

Company Name

City

State

(Area Code) Telephone Number

Account Number

Contact Name

Bank Reference

Bank Name

City

State

Account Number

Banking Officer

(Area Code) Telephone Number

(Area Code) Fax Number

I hereby authorize you to release to BellSouth any and all information which they may request concerning my account. I understand that such information will be held strictly confidential and will remain BellSouth's property whether or not credit is extended. I understand that security may be required by BellSouth to establish service. I certify that the above information provided for this credit profile is true and correct to the best of my knowledge.

Signature (Authorized Individual Only)

Print Name

Date (MM/DD/YYYY)

April 27, 1998

"Company"
"Address1"
"Address2"
"City", "State" "Postal Code"

Dear Customer:

In compliance with the Internal Revenue Code of the U.S. Government you must provide to BellSouth Telecommunications a tax exemption certificate *in the name that appears on your telephone bill* before an exemption from the Federal Excise Tax on telecommunications services can be allowed. Additionally, the State laws require that you provide BellSouth your Reseller's registration number before an exemption from state and/or local taxes can be allowed.

A BellSouth provided tax exemption certificate (Form 6318-FED) is attached, so please complete pages 1 and 4 on this form, list all qualifying account numbers and sign the form. Form 6318-FED along with the Kentucky State provided exemption certificate, if applicable, should be mailed to us as indicated below or you may call the service center number listed on your telephone bill with any questions.

NOTE: Exemption from Federal excise tax and State excise tax cannot be established until the completed BellSouth provided Form 6318-FED and a Kentucky exemption form, if applicable, are received.

Your cooperation in the matter is deeply appreciated. Although this procedure is time-consuming for both of us, it must be done to comply with federal and state laws. We want our customers to receive every tax exemption that they are legally entitled to claim. This is just another service that BellSouth provides to help you save money.

BELLSOUTH TELECOMMUNICATIONS
Comptrollers - Tax Section
23rd Floor Section B-3
600 North 19th Street
Birmingham, Alabama 35102
FAX: (205) 321-3434

**Certificate of Continuing Exemption from Federal Excise Tax on
Telecommunications Services**

- ☐ New
☐ Renewal

The undersigned represents he/she is authorized to execute this certificate and hereby claims exemptions from taxes imposed by Section 4251 of the Internal Revenue Code under the following provisions. **The appropriate section of this form must be completed, qualifying account numbers must be listed and the form must be signed, dated and returned to BellSouth before an exemption can be allowed.**

Complete only one of the following sections:

A. Reseller of Telecommunications Services

The undersigned certifies the communications services furnished by the telephone company will be used exclusively in the rendering of a communications service upon which tax is imposed by Section 4251 of the Internal Revenue Code. It is understood that no tax will be collected by the telephone company on charges for said service and it will be the responsibility of the undersigned to collect such tax as may be due from its' customers and remit the tax to the Internal Revenue Services.

I. TYPE OF CHARGES (Please check one)

- a. ☐ exempt from both local and toll charges
b. ☐ exempt from toll charges only

II. TYPE OF RESELLER (Please check one)

- a. ☐ Interexchange Carrier
b. ☐ Cellular
c. ☐ Personal Communications System (PCS)
d. ☐ Competitive local exchange Company (CLEC)
e. ☐ Customer owned Customer Operated Telephone Systems (COCOT)
f. ☐ Paging
g. ☐ Hotel/Motel
h. ☐ Internet Provider

III. TYPE OF TAXES (RESELLER ONLY - Please check all states and/or Federal taxes for which you are claiming exemption and include registration number and state certificate where required.)

- | | | |
|------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|
| a. <input type="checkbox"/> AL | Registration # _____ | |
| b. <input type="checkbox"/> FL | Registration # _____ | for State Sales Tax (Chapter 212) |
| | Registration # _____ | for Gross Receipts Tax (Chapter 203) |
| | <input type="checkbox"/> exempt <input type="checkbox"/> not exempt | for Local Tax (Chapter 166) |
| c. <input type="checkbox"/> GA | Registration # _____ | |
| d. <input type="checkbox"/> KY* | Registration # _____ | |
| e. <input type="checkbox"/> LA | Registration # _____ | |
| f. <input type="checkbox"/> MS | Registration # _____ | |
| g. <input type="checkbox"/> NC | Registration # _____ | |
| h. <input type="checkbox"/> SC | Registration # _____ | |
| i. <input type="checkbox"/> TN | Registration # _____ | |
| j. <input type="checkbox"/> FEDERAL Excise Tax | <input type="checkbox"/> exempt <input type="checkbox"/> not exempt | |

*Include State Resellers certificate

B. Government Organizations

The undersigned claims exemption from the tax imposed on all communications service billed or to be billed to the undersigned. The undersigned certifies such exemption is allowable by law because such service is being and will be furnished to and charges paid from the funds of (check one).

1. ☐ The United States (Section 4293)
2. ☐ A state or political subdivision thereof (Section 4253(i))
3. ☐ An Indian tribal government or political subdivision (Section 4253(i), Section 7871)
4. ☐ A Public International Organization (Section 4253(c), Section 7701(a)(18) made tax exempt by Presidential Executive Order No. _____
5. ☐ An organization created and specifically designated tax exempt by Act of Congress. Public Law No. _____
6. ☐ A quasi-governmental organization performing the civic function of _____; paid from the funds of _____ (name of exempt organization).

C. Ambassadors, Ministers or other Diplomatic Representatives (check one)

1. ☐ The undersigned certifies that he/she is an ambassador, minister or other duly accredited diplomatic representative of a foreign government or is of his or her household (excluding servants), an attaché, secretary of clerk. The undersigned further certifies that he/she is a national of the country of the diplomatic mission where employed and is not a citizen or a permanent resident of the United States in an immigrant status

or

2. ☐ The undersigned certifies that he/she is an officer of a mission in the United States serving in a representative capacity or is a family member living with such an officer.

D. Consular Officers whose foreign governments have treaties with the United States

The undersigned claims exemption from the taxes imposed on charges billed or to be billed the undersigned for telephone service without regard to whether the transaction is official or personal. The undersigned certifies that such exemption is allowable by law in accordance with the provision of the Government's Treaty with the United States and that the undersigned is not engaged in professional business, trade, or commerce and is not a citizen of the United States.

Name of Foreign Government _____
Name of Treaty _____
Date of Treaty _____

E. Consulates, Agencies and Commissions of Foreign Governments

The undersigned claims exemption from the taxes or charges billed or to be billed for services used in the performance of office functions for which payment is made by _____ (Name of foreign government).

F. Nonprofit educational organizations, including schools operated as an activity of a religious body.

The undersigned certifies that the communications services or facilities furnished or to be furnished to the organization will be paid from funds of the organization and are for the exclusive use of the organization in the educational activities which qualify it for exemption from tax under Section 4253(j) of the Internal Revenue code. The exempt must maintain a regular faculty and curriculum, normally have a regularly enrolled body of students in attendance at the place where its activities are regularly carried on, and have as its principal function the providing of formal instruction.

The organization claiming exemption is a 501(c)(3) organization exempt from income tax under 501(a) and is an organization described in one of the following code sections:

1. ☐ A non-profit educational institution described in Section 170(b)(1)(A)(ii) or
2. ☐ A non-profit school who maintains a regularly faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance.

NOTE: A determination letter (or ruling) stating the applicable code section must be returned with this form.

G. Nonprofit Hospital

The undersigned received a determination letter (or ruling) from the Internal Revenue Service holding the organization to be a 501(c)(3) organization exempt from income tax under Section 501(a) of the Internal Revenue Code (or has received such determination letter (or ruling) under the corresponding provisions of prior revenue laws) AND the undersigned certifies that it is a "hospital" as defined in Section 170(b)(1)(A)(iii) and the attendant regulations. The date of such determination letter (or ruling) is _____ and such letter (or ruling) has not been withdrawn or revoked.

Paid from the funds of _____.

NOTE: The determination letter (or ruling) mentioned above must be returned with this form.

H. Wide Area Telephone Service (WATS)

The undersigned claims exemption under Section 4253(f) of the Internal Revenue Code for the tax imposed on toll telephone service as described in Section 4253(b)(2) - WATS. The undersigned certifies that such service has been and will continue to be used exclusively in the conduct of its business as a (check one).

- | | |
|-----------------------------------------------|---------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Common Carrier | 3. <input type="checkbox"/> Telegraph Company |
| 2. <input type="checkbox"/> Telephone Company | 5. <input type="checkbox"/> Radio or Television Broadcasting Station or Network |

I. Other Reason

Acceptable only if accompanied by a determination letter from the Internal Revenue Service explaining the basis of exemption from Federal Excise Tax on telecommunications services. **ATTACH LETTER FROM THE INTERNAL REVENUE SERVICE.**

The undersigned agrees to notify the provider of services in writing when the basis for tax exemption indicated above changes or ceases to exist. The undersigned certifies that the exemption claimed is allowable under applicable laws and understands that the fraudulent use of this certificate for the purpose of securing this exemption will subject each and all guilty parties to a fine of not more than \$100,000 (\$500,000 for corporations, or to imprisonment for not more than five years, or both, together with costs of prosecution.

ACCOUNT/BILLING TELEPHONE NUMBER: The undersigned is claiming exemption for the following telephone numbers>

Note: You must include all account numbers (including area code) that you want exempted from Federal excise tax.

BILLING NAME "Company"

MAILING ADDRESS "Address1"
"Address2"
"City," "State" "Postal Code"

TITLE _____ **SIGNATURE** _____

For Official Use Only:

Received by: _____ Date Received: _____

Location: _____

Telephone Number: _____ 00000

BELLSOUTH MASTER ACCOUNT APPLICATION

COMPETITIVE LOCAL EXCHANGE COMPANY

Date ____/____/____

ACCOUNT INFORMATION

☐ Reseller ☐ Facilities Based Carrier Tax Exempt _____ Tax Code _____ State _____

Certificate of Authority Attached ☐ Yes ☐ No Estimated Average Monthly Bill _____

Company Name/Operating Company Number _____

Local Address _____

City _____ State _____ ZIP _____

Corporate Address _____

City _____ State _____ ZIP _____

Billing Address _____

City _____ State _____ ZIP _____

Contact Name & Telephone # for:

Billing _____ Telephone # (____)____-____-____

Orders _____ Telephone # (____)____-____-____

Other _____ Telephone # (____)____-____-____

CREDIT INFORMATION

Previous BellSouth Service Telephone # (____)____-____-____ Last Date of Service ____/____/____

☐ Yes ☐ No Telephone # (____)____-____-____ Last Date of Service ____/____/____

Other Current BellSouth Service Telephone # (____)____-____-____

☐ Yes ☐ No Telephone # (____)____-____-____

Ownership

☐ Individual ☐ Partnership
Name _____ Tel # (____)____-____-____ SSN ____-____-____

Name _____ Tel # (____)____-____-____ SSN ____-____-____

Name _____ Tel # (____)____-____-____ SSN ____-____-____

Name _____ Tel # (____)____-____-____ SSN ____-____-____

☐ Corporation
President _____ Tel # (____)____-____-____ SSN ____-____-____

Vice-President _____ Tel # (____)____-____-____ SSN ____-____-____

Secretary _____ Tel # (____)____-____-____ SSN ____-____-____

Treasurer _____ Tel # (____)____-____-____ SSN ____-____-____

Have you been informed concerning BellSouth's Line Information DataBase (LIDB) contract? ☐ Yes ☐ No

Have you signed a LIDB contract? ☐ Yes

☐ No

Note: Checking "NO" indicates that the CLEC is aware of the consequences of declining, i.e., that BellSouth can not guarantee processing or restriction of LIDB handled calls.